

For Your Benefit

State of Michigan Retired Employees Issues 3 and 4, 2003

This double issue provides a variety of timely information related to your health care benefits and your health care needs.

Check it out!

Take the mystery out of preventive benefits. Tear out the handy chart of State Health Plan PPO covered preventive benefit service codes included in this issue and take it with you to your next doctor's appointment.

Inside this double issue:

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Carry-over deductible credit

Any amount you pay toward your deductible in the last three months of a calendar year will be applied to your deductible requirement for the next calendar year.

Scenario 1: Single coverage

1. Mark Smith has a \$200 in-network deductible and has paid \$125 toward it as of September 2003.
2. Mark goes to the doctor in October. The bill for services is \$55.
3. The \$55 is applied to Mark's 2004 in-network deductible.

Scenario 2: Single coverage

1. Maria Jones has a \$200 in-network deductible and has paid \$50 toward it as of June 2003.
2. Maria has no services in the last three months of the year.
3. No dollar amount is applied to Maria's 2004 in-network deductible.

Scenario 3: Family contract

1. Tim Miller has a \$400 family in-network deductible. Tim has paid \$150 toward it as of September 2003. His wife, Nancy, has paid \$150 toward it as of September 2003.
2. Nancy goes to the Doctor in November. The bill for services is \$50.
3. The dollar amount applied to the 2004 family in-network deductible is \$50.

Scenario 4: Family contract

1. Jerry Smith has a \$400 family in-network deductible. Jerry has paid \$150 toward it as of September 2003. His wife, Helen, has paid \$50 toward it as of September 2003.
2. Jerry goes to the doctor in October. His portion of the bill for services is \$50.
3. Helen goes to the doctor in December. Her bill for services is \$60.
4. The dollar amount applied to the family 2004 in-network deductible is \$110.

Scenario 5: Family contract

1. Tammy West has a \$400 family in-network deductible. She's paid \$150 toward it as of August. Ken, her husband, has paid \$100 toward it as of August. Denise, her daughter, has paid \$100 toward it as of August 2003.
2. Tammy goes to the doctor in September. The bill for services is \$25.
3. Ken goes to the doctor in September. The bill for services is \$25.
4. Denise goes to the doctor in December. The bill for services is \$50.
5. Because the family in-network deductible was met before fourth quarter 2003, no dollar amounts are applied to the 2004 in-network family deductible.



Understanding Your Preventive Benefits

To help clarify your understanding of your preventive benefits we're providing the tear-out chart on the front and back of this page. All the payable procedure codes for your preventive benefits are listed on the chart.

The codes probably won't mean anything to you, but they will be very helpful to your provider. Take the chart with you the next time you visit your health care provider for preventive services and use it to discuss the payable procedure codes that are required for accurate billing.

Here are a few important things to remember about your preventive benefits.

- Only certain services are covered as preventive benefits under the State Health Plan PPO. These services are identified by specific procedure codes that must be used to bill for them. Using these codes

will avoid rejection of claims.

- Non-Medicare eligible members must use a PPO provider when receiving preventive services, or the services may not be payable.
- Medicare eligible members have some preventive services that are not covered by Medicare, but are a State Health Plan PPO benefit. To minimize out-of-pocket costs Medicare eligible members are advised to seek preventive services from providers that accept assignment of Medicare claims and are BCBSM participating providers.

If you need additional information or have questions about your State Health Plan PPO preventive benefits, please call the customer service center at 1-800-843-4876.

State of Michigan PPO Preventive Care Services

Preventive Care Service**	Procedure Code	Comments
Chemical Profile***	*80050, *80051, *80053, *80061, *82040, *82247, *82248, *82310, *82374, *82435, *82465, *82550, *82565, *82947, *82977, *83615, *84075, *84100, *84132, *84155, *84295, *84450, *84460, *84478, *84520, *84550	During your health maintenance exam, certain laboratory work may be performed as a routine screening. These are the only payable laboratory services covered under your preventive benefit.
Chemistry***	*83655, *83718	See Comments under Chemical Profile.
Colonoscopy	G0105, G0121, *00810, *45378	American Cancer Society guidelines apply.
Complete Blood Count***	*85004, *85013, *85014, *85018, *85025, *85027	See Comments under Chemical Profile.
Chest X-ray	*71020	During your health maintenance exam, certain diagnostic work may be performed as a routine screening. These are the only payable diagnostic services covered under your preventive benefit.
Digital Rectal Exam	G0102	American Cancer Society guidelines apply. Dollar maximum not applicable.
Double Contrast Enema	G0106, G0120, *74270, *74280	American Cancer Society guidelines apply. Dollar maximum not applicable.
EKG/ECG	*93000, *93010	See Comments under Chest X-ray.
Fecal Occult Blood Screening	G0107, *82270	American Cancer Society guidelines apply.

Preventive Care Services *continued from the front of this page*

Preventive Care Service**	Procedure Code	Comments
Flexible Sigmoidoscopy	G0104, *45330	American Cancer Society guidelines apply.
Flu Shot	*90657 - *90660	FluMist is not payable.
Gynecological Exam	*S0610, *S0612, G0101	Includes breast and pelvic exam and obtaining pap smear specimen.
Hepatitis C Screening***	*86803, *86804	See Comments under Chemical Profile.
Health Maintenance Exam	*99384-*99387, *99394-*99397	Includes the initial or periodic evaluation or reevaluation of an individual including a comprehensive history, exam, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate laboratory/diagnostic procedures.
Immunizations	*90471-*90474, *90476, *90477, *90581, *90585, *90586, *90632-*90634, *90636, *90645-*90648, *90665, *90669, *90675, *90676, *90680, *90690-*90693 *90700-*90708, *90710, *90712, *90713, *90716-*90721, *90723, *90725, *90727, *90732, *90733, *90735, *90740, *90743, *90744, *90746-*90748	All immunizations are payable.
Prostate Specific Antigen***	G0103, *84152, *84153, *84154	
Routine Pap Smear***	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	
Routine Mammogram	G0202, *76085, *76092	Dollar maximum not applicable.
Urinalysis	*81000-*81003	See Comments under Chemical Profile.
Venipuncture	*36415	
Well-Baby and Child Care	*99381, *99382, *99383, *99384, *99391, *99392, *99393, *99394	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, exam, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new and/or established patient.

* CPT codes, descriptions and two-digit numeric modifiers only are copyright 2002 American Medical Association. All rights reserved.

** The annual dollar maximum in the calendar year 2003 is \$500 per member. This amount will increase to \$750 per member in January 2004. Preventive services requires a diagnosis reflecting routine or screening. Your coverage pays for preventive services when they are received from PPO providers. This applies to active employees and non-Medicare eligible retirees.

*** PPO providers are required to send laboratory work to participating laboratories.

It's that sniffing, coughing, sneezing, time again!

The common cold is a frequent and expensive disease that, according to the U.S. Food and Drug Administration, leads to 15 million days lost from work annually in the United States. Influenza, or flu, is also a frequent and expensive disease, reaching epidemic levels in the United States each year.

The flu is like a cold in many ways. If a cold is misdiagnosed as flu, usually there's no problem. But if the flu is misdiagnosed as a bad cold, potentially life-threatening flu complications like pneumonia may be overlooked.

Some of the symptoms of a cold and flu are similar, but the two diseases can usually be distinguished. Check the chart below to find out the differences.

Is it a cold or the flu?

Symptoms	Cold	Flu
Fever	Rare	Characteristic, high (102(-104(F); lasts 3-4 days
Headache	Rare	Prominent
General aches, pains	Slight	Usual; often severe
Fatigue, weakness	Quite mild	Can last up to 2-3 weeks
Extreme exhaustion	Never	Early and prominent
Stuffy nose	Common	Sometimes
Sneezing	Usual	Sometimes
Sore throat	Common	Sometimes
Chest discomfort, cough	Mild to moderate; hacking cough	Common; can become severe

Following are some of the cold and flu related topics that are available on tape from the Blues audiotape library by calling 1-800-811-1764.

Colds..... 4331

Flu4333

Croup 7721

Viral Infections 7770

Sinus Problems4457

Sore Throat..... 4919

New Flu Nasal Mist not covered by State Health Plan PPO

FluMist™ the new, widely advertised nasal spray vaccine to prevent the flu is not a covered benefit of the State Health Plan PPO. After some research, BCBSM has found that the new vaccine uses a live influenza virus, which is inhaled into the nasal passages. Traditional flu shots inject an inactive virus into the body.

Further research has found that the nasal spray is expected to cost up to four times more than a traditional flu shot. Blues corporate medical director, Dr. Tom Simmer said, "We do not believe our customers want to add as much as \$35 million to their costs at this time, when a lower-cost treatment actually serves better for those of us most in need of immunization against the flu."

The Food and Drug Administration has approved the live viral mist for healthy individuals only, between the ages of 5 and 50, which is the group at lower risk for the flu.

"Individuals most at risk for the flu and the serious complications that could follow, such as pneumonia and even death, should not take the nasal vaccine," said Dr. Simmer. "Individuals most at risk fall into four categories: adults 65 and older; children from 6 months to 2 years of age; adults with chronic health conditions such as asthma and heart disease; and women more than three months pregnant during the flu season."

The State Health Plan PPO covers flu shots for non-Medicare members. Medicare covers flu shots for Medicare eligible members. Check your State Health Plan PPO benefit book for more details.

Help yourself and others avoid the flu

An average of 36,000 people per year in the United States die from influenza, and 114,000 per year have to be admitted to the hospital as a result of the flu, according to the Centers for Disease Control and Prevention.

The CDC says a lot of those deaths and hospitalizations could be prevented if more young people got vaccinated so they don't spread the disease to the vulnerable older population.

In hope of decreasing those statistics, the CDC recently issued an updated recommendation for this season urging all persons healthy and high-risk to seek flu vaccinations between October and December. In recent years, the CDC instituted a tiered immunization schedule, prioritizing vaccine for groups at greater risk for complications of flu.

The CDC offers the following facts about the flu:

- The flu season in the United States can range from November through March.
- Typical flu symptoms include fever up to 104 degrees, body aches, tiredness, cough and sometimes a sore throat and runny nose.
- Vaccination against flu works to protect you from infection by flu viruses. The vaccine does not provide protection against the virus that causes Severe Acute Respiratory Syndrome (SARS).
- The flu shot uses an inactivated or "killed" virus and cannot give you the flu. However, the flu vaccine, like other vaccines, can occasionally cause a reaction such as redness, soreness and swelling at the site of the injection.
- A nasal spray flu vaccine is available this year. It is approved only for healthy people between the ages of 5 and 49, and contains a live but diluted virus. **Note:** This nasal spray vaccine is not a State Health Plan PPO covered benefit.
- The flu is spread or transmitted when a person who has the flu coughs, sneezes or speaks and sends the flu virus into the air, and other people inhale the virus. The virus enters the nose, throat or lungs of a person and begins to multiply.
- A person can spread the flu starting one day before he or she feels sick. Adults can continue to pass the flu virus to others for another three to seven days after symptoms start. Children can pass the virus for longer than seven days.

- The following groups should not get a flu shot before talking with their doctor: people who have a severe allergy to eggs; people who have had a severe reaction to a flu shot in the past; and people who previously developed Guillain-Barré syndrome (GBS) in the 6 weeks after getting a flu shot

If you are unsure of whether you should receive a flu shot, ask your health care provider.

Four myths about the flu

It's wintertime, and flu season is here. Almost everyone has had the flu at one time or another, but even though it's such a common illness, plenty of myths about it exist. We'll try to clear up a few of those:

Myth 1: The flu is just a nuisance; it's not a serious illness

Unfortunately, flu is a major cause of illness and death in the United States. In fact, each year the flu causes an average of 20,000 deaths and 114,000 hospitalizations.

Myth 2: Flu shots cause the flu

The flu vaccine is made from killed flu viruses, which cannot cause the flu.

Myth 3: Flu shots don't work

They work, but the vaccine does not provide 100 percent protection. However, studies have shown the flu vaccine to be 70 to 90 percent effective in preventing the flu in healthy young adults, and it is effective in reducing hospitalizations and death from the flu for the elderly.

Myth 4: You don't need to get a flu shot every year

Because flu viruses are changing constantly, the vaccine is changed every year. The flu shot you get one year may not be effective the next year.

Is it safe to take antibiotics to be “on the safe side?”

You or your child is sick with the flu, a cold, sore throat or cough. You’d really like to ask your doctor for antibiotics to shorten the duration of the illness. The problem is antibiotics work only against bacterial infections, not viruses such as the flu or the common cold. According to a recent Center for Disease Control study, more than 50 million of the 150 million antibiotic prescriptions written each year for patients outside of hospitals are unnecessary.

There’s another problem as well. Every time a patient takes an antibiotic for a bacterial infection, the drug may kill most - but not all - of the bacteria. The few germs that may survive multiply quickly and create drug-resistant strains. The presence of these strains may mean that the patient’s next infection will not respond to the first-choice antibiotic therapy. Also, the resistant bacteria may be transmitted to others in the patient’s community. We’re being warned that resistance is a growing problem. Despite the frightening trend, most people aren’t likely to encounter a superbug that can outsmart all antibiotics, says Mark Goldberger, M.D., director of the Food and Drug Administration’s division of special pathogen and immunologic drug products. “For the average person walking around on the street, the risk at the moment remains low.”

Still, an article in the FDA *Consumer* suggests patients must take some of the responsibility for the

overprescribing problem. According to the FDA you can do your part to help curb resistance:

- Don’t demand an antibiotic when your health-care provider determines one isn’t appropriate.
- Finish each prescription. Even when the symptoms of an illness have disappeared, some bacteria may still survive and reproduce if you don’t complete the course of treatment.
- Don’t take leftover antibiotics or antibiotics prescribed for someone else. These antibiotics may not be appropriate for your current symptoms, and taking the wrong medicine could delay your getting appropriate treatment while allowing bacteria to multiply.

Preventing infection in the first place may be the best defense against an antibiotic-resistant infection. Frequent and thorough hand washing is one key to preventing the spread of infection. Take basic precautions and practice common hygiene, as well as food safety in your kitchen.

You can call the Blue HealthLine at 1-800-811-1764 to listen to a topic that you may find useful. Follow the prompts and enter one of the following topic codes:

Viral Infections	7770	Colds	4331
Flu	4333	Antibiotics.....	4742

Prepare a winter survival kit for your car

Imagine this: You’re driving home late one night on a dark and deserted road. It’s bitterly cold outside, and the roads are slick. All of a sudden, your car stalls. Are you prepared to survive until help arrives?

Exposure to extreme cold can cause serious or life-threatening health problems. Planning ahead can help avoid a dangerous situation. Prepare a winter survival kit for your car by stocking it with these items:

- Blankets
- A first aid kit
- A tool kit
- Road maps
- Paper towels
- A windshield scraper
- A flashlight and extra batteries
- Booster cables
- A compass
- A collapsible shovel

- Canned compressed air with sealant
- A bag of sand or cat litter for traction in ice or snow
- A can and waterproof matches to melt snow for drinking
- High-calorie canned or dried foods and a can opener
- Tire chains if you’re in an area with heavy snow

In addition, make sure to service your vehicle as often as the manufacturer recommends it, and keep your gas tank near full to help avoid ice in the tank and fuel lines.

For a topic from the Blue HealthLine that you may find useful, simply dial 1-800-811-1764, follow the prompts and enter the following topic code:

Frostbite	4582
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State of Michigan Employees

Blue Cross Blue Shield of Michigan

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How to reach us

For benefit information or claim inquiries,
call or write the BCBSM State of Michigan
Customer Service Center.

To call

1-800-843-4876

Our customer service representatives are
available from 8:30 a.m. to 4:45 p.m.
Monday through Friday excluding holidays.

To write

Please send all correspondence to:

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Blue Cross Blue Shield of Michigan
P.O. Box 80380
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